



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E387283**

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input checked="" type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-03225		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	01	OBJECT STRUCK	UNKNOWN

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12	-	28	-	2014			0000	31		
										N	E
										S	W
										IN	OF
											0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
UNKNOWN	BLOCK NO.	0000
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.	MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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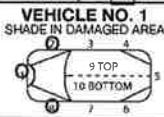
LICENSE PLATE #	ASA3090	STATE	WA	VIN#	1HGEJ6125VL026140
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1997	MAKE	HOND	MODEL	CIVIC	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ANGELA PARKOWSKI 22 79TH DR NE LAKE STEVENS WA 98258 D: 4255304468

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX	D.O.B.	MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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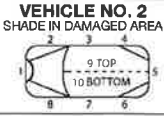
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
D. PLANALP	102	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E387283**

CASE # **14-03225**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

V-1 was stolen from the RO address. V-1 was involved in a collision at an unknown location and an unknown time then abandoned. There is no suspect information.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

Roadway Surface: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-27-14 01:37 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

12/27/2014 4:24:55 AM

BADGE OR ID #

102

ORI #

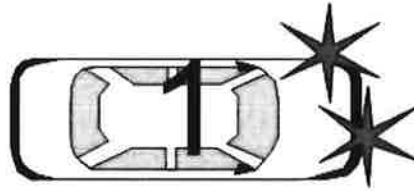
WA0311900

TIME POLICE DISPATCHED

10:10 PM

TIME POLICE ARRIVED

10:26 PM



Unknown location and or time of collision

MISSING PERSON OR STOLEN VEHICLE INCIDENT REPORT

82.2.1C

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.			<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT			CASE NUMBER 14-03225																			
	INCIDENT CLASSIFICATION VEHICLE THEFT/RECOVERY																									
	ADDRESS / LOCATION OF INCIDENT 2279 DR NE						PREMISES TYPE / NAME																			
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO																	
MONTH 12		DAY 26		YEAR 14		TIME 2226		MONTH 12		DAY 26		YEAR 14		TIME 1830												
P E R S O N R E P O R T I N G	ADDL ON SUPP.		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES:		V - VICTIM W - WITNESS 0 - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE:		I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS		P - POLICE O - OTHER U - UNK							
	NO. V-1		NON-DISC.		NAME (LAST, FIRST, MIDDLE) PARKOWSKI, ANGELA C						RACE W		ETH		SEX F		DOB 12-07-83		HGT 5-7		WGT 150		HAIR BRN		EYES BRN	
	STREET ADDRESS 2279 DR NE						CITY LAKE STEVENS						STATE WA		ZIP 98258		ALTERNATE PHONE									
	RESIDENCE PHONE 425 530 4468				BUSINESS PHONE				OCCUPATION/SCHOOL				SOCIAL SECURITY NUMBER													
	NO. C-1		NON-DISC.		NAME (LAST, FIRST, MIDDLE) FERNANDEZ, JULIAN						RACE		ETH		SEX M		DOB 7-1-71		HGT		WGT		HAIR		EYES	
	STREET ADDRESS 704 87 AVE NE #32						CITY LAKE STEVENS						STATE WA		ZIP 98257		ALTERNATE PHONE									
	RESIDENCE PHONE 425 280 8770				BUSINESS PHONE				OCCUPATION/SCHOOL				SOCIAL SECURITY NUMBER													
	PERSON LISTED IS:												IF RUNAWAY/MISSING OFFICER IS REQUESTING A WAGC/NCIC													
	<input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input type="checkbox"/> SUSPECT												<input type="checkbox"/> ENTRY <input type="checkbox"/> LOCATE <input type="checkbox"/> CLEAR													
	NO.		NAME (LAST, FIRST, MIDDLE)						RACE		ETH		SEX		DOB		AGE		HGT		WGT		HAIR		EYES	
ALIAS NAME(S)						IDENTIFIERS (SCARS, MARKS OR TATTOOS)																				
STREET ADDRESS						CITY						STATE		ZIP		RES. PHONE										
DATE OF LAST CONTACT				SOCIAL SECURITY NUMBER				OLN				PLACE OF BIRTH				BLOOD TYPE										
MISCELLANEOUS:																										
ORI/WA0311900				VERIFY PHONE 425-407-3904																						
V E H I C L E	NO. 1		LICENSE NUMBER ASA 3090		STATE WA		VIN / HULL NUMBER 14GEJ6125VL026140				YEAR 1997		MAKE HONDA		MODEL CRV		STYLE 2DR									
	COLOR DKG		SPECIAL FEATURES / DESCRIPTION						VALUE IF STOLEN \$						REGISTERED OWNER'S PHONE SAME AS V-1											
	REGISTERED OWNER'S NAME SAME AS V-1						REGISTERED OWNER'S ADDRESS SAME AS V-1						REGISTERED OWNER'S ALT. PHONE													
	MILEAGE		DAMAGE TO VEHICLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				IF YES: FRONT																			
S T O L E N / R E C	1 2		LICENSE PLATE(S)		Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT?		Stand. <input type="checkbox"/> Auto. <input type="checkbox"/>		TRANSMISSION		Y <input type="checkbox"/> N <input type="checkbox"/>		OWNER REQUEST IMPOUND											
	Y <input type="checkbox"/> N <input type="checkbox"/>		VEHICLE LOCKED		Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INSURANCE?		Y <input type="checkbox"/> N <input type="checkbox"/>		STEREO		Y <input type="checkbox"/> N <input type="checkbox"/>		EVIDENCE HOLD											
	Y <input type="checkbox"/> N <input type="checkbox"/>		IGNITION KEY IN VEH		Y <input type="checkbox"/> N <input type="checkbox"/>		REGISTRATION		<input type="checkbox"/> ENTER VEHICLE () LICENSE PLATE STOLEN				<input type="checkbox"/> ENTER VEHICLE STOLEN													
S I G N A T U R E	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT., (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I DO NOT AND DID NOT GIVE ANYONE PERMISSION TO TAKE OR REMOVE MY VEHICLE. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.																									
	Initial () I HEREBY GRANT PERMISSION TO SEARCH THE ABOVE LISTED VEHICLE WHEN RECOVERED. THE SEARCH MAY EXTEND TO THE ENTIRE VEHICLE.																									
	Initial OK I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE																									
	Signature: Angela Parkowski Date: 12-26-14 Location: Lake Stevens																									
OFFICER NAME / NUMBER D. PLANALP						OFFICER NO. 102		APPROVED BY 12575						ASSIGNED												

OFFICER Copy - WHITE

VICTIM Copy - YELLOW

CASE # 14-3225

ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKE STEVENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> Vehicle Theft/Recovery	<small>INCIDENT NUMBER</small> 14-03225
<small>NAME OF VICTIM(S)</small> Angela Parkowski		

On 12/26/14 at about 2210 hours, I was dispatched to a suspicious call at 704 87th AVE NE #32, in the City of Lake Stevens for a vehicle abandoned in front of that house that looked crashed. SNOPAC advised that the vehicle had an attached Washington State vehicle license plate of ASA3090.

Upon arriving onscene, I located the vehicle parked unoccupied. The vehicle had front end damage and the front driver wheel was damaged. Inside the rear of the vehicle was the front bumper. The front driver wheel looks like it was damaged by hitting a curb. It is unknown who was driving the vehicle or where the collision was.

The RP Julian Fernandez stated that they saw people in the vehicle about 1 hour prior but they did not recognize them.

The registered owner of the vehicle was Angela C. Parkowski (DOB 12/07/83) and her listed address was 22 79th DR NE, in the City of Lake Stevens. Upon arriving onscene at Angela's house I asked who was driving her Honda. Angela stated that nobody should be driving her vehicle and that she last saw it in her driveway when she got home around 1830 hours.

I brought Angela to the scene and she identified her vehicle. Angela provide me with a written statement and stated that her vehicle was stolen. Angela stated that she did not have vehicle insurance. Angela made arrangements with my RP to get her vehicle home.

I cleared the call at 2302 hours.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> D.PLANALP #102	<small>APPROVED BY</small> 	LSPD ORIGINAL
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-03225

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Parkowski Angela Christine	RACE W	ETH	SEX F	DOB 12-7-83	AGE 31	HGT 5'6"	WGT 155	HAIR Blk	EYES Blk
STREET ADDRESS 22 79th Ave NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-530-4468		PLACE OF EMPLOYMENT N/A						
WORK PHONE		EMAIL ADDRESS Klemmeangela@yahoo.com								

I, Angela Parkowski, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

An officer showed up at my house about 10:30pm & informed me my honda civic had been wrecked & left in a trailer park not far from my home. I arrived home between 6-6:30 & it was parked in my driveway. After that I didn't go out so unaware when it could have been stolen.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <u>Angela Parkowski</u>	DATE SIGNED 12-26-14	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: <u>#102</u>	DATE SIGNED 12-26-14	LOCATION SIGNED Lk. Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1
LSPD

Incident History for: #SS14025659

Case Numbers: \$SS14003225

Entered 12/26/14 22:08:54 BY SPCT03 SP0374

Dispatched 12/26/14 22:10:42 BY SPDP17 SP0386

Enroute 12/26/14 22:10:42

Onscene 12/26/14 22:26:49

Closed 12/26/14 23:02:49

Initial Type: SUSP Initial Alarm Level: Final Alarm Level:

Final Type: VEHT (VEHICLE THEFT) Pri: 3 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST
Src: T

Loc: 704 87 AV NE #32 ,LKS -- MHP WESTVIEW ESTAT btwn VERNON RD & 87 AV NE (V)

Loc Info:

Name: FERNANDEZ, JULIAN

Addr:

Phone: 4252808770

/2208 (SP0374) ENTRY ,CC, COLD, VEH LOOKS LIKE ITS BEEN IN ACC PARKED
IFO LOC, RP DOESNT KNOW W HO IT BELONGS TO, GRN
HONDA CIVIC DX L/ASA3090
/2210 (SP0386) DISPER 19N1 #SS102 PLANALP, OFFICER (DANIEL)
/2210 (SS102) REMINQ 19N1 MDTVEH, ASA3090,,WA,,,,,,,,,
/2223 REMINQ 19N1 MDTVEH, ANP8775,,WA,,,,,,,,,
/2223 REMINQ 19N1 MDTWANT,,,,,,WA, STERLRE107QH,,,,,,,,,
/2224 REMINQ 19N1 MDTVEH, AED4972,,WA,,,,,,,,,
/2225 REMINQ 19N1 MDTVEH, B63777V,,WA,,,,,,,,,
/2225 REMINQ 19N1 MDTVEH, AER5227,,WA,,,,,,,,,
/2226 *ONSCNE 19N1
/2230 REMINQ 19N1 MDTVEH, ASA3090,,WA,,,,,,,,,
/2231 (SP0386) CHGLOC 19N1 [22 79 DR NE]
/2232 CONTCT 19N1 Contact in 5 Minutes
/2233 (SS102) REMINQ 19N1 MDTVEH, ARV1088,,WA,,,,,,,,,
/2233 *ONSCNE 19N1
/2238 (SP0331) CONTCT 19N1 Contact in 5 Minutes
/2239 TRANS 19N1 [LOC]
,325
/2241 (SP0386) TRANSC 19N1 , EM 326
/2242 OK 19N1 , C4 NFC
/2248 (SS102) REMINQ 19N1 MDTVEH, ASA3090,,WA,,,,,,,,,
/2251 (SP0386) ASNCAS 19N1 \$SS14003225
/2252 CHANGE TYP: SUSP
---> VEHT
/2259 (SS102) *MISC 19N1 ,VEH APPEARES TO HAVE HIT A CURB..FRONT DRIVER W
HEEL DAMAGED AND BUMPER DAMAGED. VICTIM STATED VE
H WAS STOLEN FROM DRIVEWAY..VIC DID NOT HAVE VEH
INSURANCE..RP WAS HELPING VIC GET VEH HOME..
D/H
/2302 (SP0345) CLEAR 19N1
/2302 CLOSE 19N1

LSPD
ORIGINAL